Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

IIICIIIai	nevelue Service					
Subm	ission Identification Number (SID)					
Taxpaye	er's name	Social securi	ty numbe	r		
SRI	RANJITHA VULLANKI	667-58	-0708			
Spouse	's name	Spouse's social security number				
Part	Tax Return Information — Tax Year Ending December 31, 2022 (En	ter year you a	re auth	orizina)	<u> </u>	
	whole dollars only on lines 1 through 5.	iter year you a	iic adti	ionzing.,	<u>'</u>	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1 1	75	,829.	
2	Total tax		2	9,	,450.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	11	,946.	
4	Amount you want refunded to you		4	2	,496.	
5	Amount you owe		5			
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a cop	y of yo	ur retu	rn)	
return to send for any Agent payme authori payme busines taxes to person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trard my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account not of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terming the transport of the payment (settlement) date. I also authorize the financial institutions involved in o receive confidential information necessary to answer inquiries and resolve issues related to the alidentification number (PIN) below is my signature for the income tax return (original or amended) nic Funds Withdrawal Consent.	smitter, or electr rejection of the t e U.S. Treasury a indicated in the t rution to debit the nate the authoriz requests must b the processing o e payment. I fur	onic retuing ransmiss and its de ax prepa e entry to ation. To e receive f the electher acki	rn originat ion, (b) th signated l ration soft this acco revoke (or d no late ctronic pay	or (ERO) e reason Financial tware for unt. This cancel) a r than 2 yment of that the	
	nyer's PIN: check one box only					
X		te my PIN		0 8	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En	ter five di n't enter		,	
	I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN and your return is filed using the Practitioner PIN m below.					
Yours	signature ▶ Date ▶	·				
Snous	se's PIN: check one box only					
	I authorize to enter or genera	ite mv PIN			as my	
	ERO firm name	,	ter five di	gits, but	ao my	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't enter	all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN and your return is filed using the Practitioner PIN m below.					
Spous	e's signature ▶ Date ▶	•				
	Practitioner PIN Method Returns Only—continue belo	ow				
Part	III Certification and Authentication — Practitioner PIN Method Only					
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9 Don't ent	6 3 ter all zero	1 9 8 os	9	
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual incom zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the PIN method Pub. 1345, Handbook for Pub. 1345,	ıbmitting this ret	urn in ac	cordance		
ERO's	s signature ► Date ►	•				
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested T	o Do So				

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the nonis a child but not your dependent	ame of y	ed filing separately (_		ehold (HOH	,	spou	ifying surv ise (QSS) name if th	Ü	
Your first name	and mi	ddle initial	Last name							Your social security number			
SRI RANG	JITHA	A	VULL	ANKI					6	667-58-0708			
If joint return, s	pouse's	first name and middle initial	Last nai	me					SI	Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	P	resider	ntial Election	on Campaign	
4400 HOI	RIZON	N HILL BLVD						3214			ere if you,		
		ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP	ode				tly, want \$3	
SAN ANTO	ONIO				TX		782	229			w will not	Checking a change	
Foreign country	y name		F	oreign province/state	/count	у	Forei	gn postal co			or refund.	0	
											You	Spouse	
Digital		y time during 2022, did you: (a) rec	,				•	, .	` '				
Assets	exch	ange, gift, or otherwise dispose of a		<u>_</u>	intere	est in a digital	asset)? (See ins	tructi	ons.)	∐ Yes	⊠ No	
Standard		eone can claim:	•	•		a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien								
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	: Was bor	rn bef	ore Janua	y 2, 1	958	☐ Is bli	ind	
Dependent	s (see	instructions):		(2) Social securit	.y	(3) Relationsh	nip (4) Check the	e box i	if qualif	ies for (see	instructions):	
If more	(1) Fi	rst name Last name					to you Child ta		x cred	it (Credit for oth	her dependents	
than four											[
dependents, see instruction	s										[
and check	·										[<u> </u>	
here]										[<u> </u>	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	8	35 , 291.	
	b	Household employee wages not re	eported	on Form(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)						1c			
attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and 1099-R if tax	е	, , , ,											
was withheld.	f	f Employer-provided adoption benefits from Form 8839, line 29											
If you did not	g	g Wages from Form 8919, line 6								1g			
get a Form W-2, see	h	n Other earned income (see instructions)								1h	_	0.	
instructions.	i	Nontaxable combat pay election (see instr	uctions)		<u>li</u>	i						
	Z	Add lines 1a through 1h								1z	3	35 , 291.	
Attach Sch. B	2a	· –	2a			axable interest				2b			
if required.	<u>3a</u>		3a			rdinary divide				3b			
	4a	_	4a			axable amoun				4b			
Standard Deduction for—	5a	-	5a			axable amoun				5b			
Single or	6a	,	6a			axable amoun				6b			
Married filing separately,	c									_			
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7		0.460	
 Married filing jointly or 	8	Other income from Schedule 1, lin							•	8		-9,462.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	+ '	75,829.	
\$25,900	10	•	,						•	10	+ -	75 000	
 Head of household, 	11	Subtract line 10 from line 9. This is Standard deduction or itemized								11		75,829.	
\$19,400 If you checked	12 13	Qualified business income deduct		,	,					13	1	12,950.	
any box under	14	Add lines 12 and 13								14	1	12,950.	
Standard Deduction,	15	Subtract line 14 from line 11. If zer								15		62,879.	
see instructions.	.5	Capadact into 14 HOITI IIIC 11. II Zei	0 01 1033	o, onto 0 IIIIo Io	your t	azabie ilicoli				13	1 (JC , U 1 J .	

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	9,450.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17	18	9,450.					
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	9,450.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	9,450.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 1	1,946.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	11,946.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31		7	
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	11,946.
Refund	34	If line 33 is more than line 24						34	2,496.
neiuliu	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	eck here	🗆	35a	2,496.
Direct deposit?	b	Routing number 0 6 3	1 0 0 2	7 7	c Type:	Checking	Savings		
See instructions.	d	Account number 8 9 8	0 7 7 4	7 6 0 8	3 6		_		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	•	-		38		0.	
Third Party		you want to allow another							
Designee		structions	•				Complete I	below.	⋉ No
3	De	signee's		Phone		Per	sonal identi	ification	
	naı	ne		no.		nur	nber (PIN)		
Sign		der penalties of perjury, I declare tief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation			nt you an Identity IN, enter it here	
Joint return?					SOFTWARE	ENGINEER	(see	inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
Keep a copy for your records.						I .	itity Prote inst.)	ection PIN, enter it here	
			^	Farall addisses		T 3311/T 0 03/3 TT /	,		
		one no. (727) 459-648 eparer's name	U Preparer's signat	Email address	RANJITHAVUL	LANKI@GMAIL.(Date	PTIN		Check if:
Paid		•			רווסתה תחודיי			2702	Self-employed
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM	2703						
Use Only		m's name GLOBAL TA		או מואד מוע אי	T 00016				(678) 965-9522
			Y CT E BRU	MOMICK N			· · · · · ·	ı's EIN	84-3171965
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO			Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

SRI RANJITHA VULLANKI 667-58-0708 Part | Additional Income Taxable refunds, credits, or offsets of state and local income taxes 1 1 2a Date of original divorce or separation agreement (see instructions): 3 3 4 4 -9,462. 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . 5 6 6 7 7 8 Other income: 8a а 8b 8c Foreign earned income exclusion from Form 2555 8d 8e Income from Form 8889 8f Alaska Permanent Fund dividends 8g 8i Activity not engaged in for profit income 8i 8k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . 81 m Olympic and Paralympic medals and USOC prize money (see 8m 8n Section 951A(a) inclusion (see instructions) 80 Section 461(I) excess business loss adjustment 8p Taxable distributions from an ABLE account (see instructions) . . . 8q Scholarship and fellowship grants not reported on Form W-2 . . . 8r Nontaxable amount of Medicaid waiver payments included on Form

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

8s

8t

8u

u Wages earned while incarcerated

9

Other income. List type and amount:

-9,462.

9

10

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income		
11	Educator expenses	 11	
12	Certain business expenses of reservists, performing artists, and fee-basin		
	officials. Attach Form 2106	 12	
13	Health savings account deduction. Attach Form 8889	 13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	 14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	 16	
17	Self-employed health insurance deduction	 17	
18	Penalty on early withdrawal of savings	 18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	 22	
23	Archer MSA deduction	 23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	-	
İ	Attorney fees and court costs you paid in connection with an award		
	from the IRS for information you provided that helped the IRS detect tax law violations		
	zan		
j	Housing deduction from Form 2555	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
_	1041)	-	
Z	Other adjustments. List type and amount:		
25		25	
25 26	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Ent	00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	 26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041, Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

Name(s) shown on return Your social security number SRI RANJITHA VULLANKI 667-58-0708 Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . ☐ Yes 1a Physical address of each property (street, city, state, ZIP code) SWARNAPURI COLONY MIYAPUR, HYDERABAD, TELANGANA IN 500049 FLAT, 102, SAISADANAPTS HMT Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 621. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 2,310. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 1,695. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,549. 14 14 Repairs 2,108. 15 Supplies 15 16 16 Taxes 17 Utilities 17 1,421. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 10,083. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -9,462. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 9,462.) 621. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 10,083. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 9,462. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 -9,462.





Georgia Form 500 (Rev. 06/22/22)
Individual Income Tax Return
Georgia Department of Revenue
2022 (Approved software version)

Page 1

Fiscal Year Beginning STATE TX**ISSUED** YOUR DRIVER'S Fiscal Year LICENSE/STATE ID 48565231 Ending YOUR FIRST NAME YOUR SOCIAL SECURITY NUMBER 1. SRI RANJITHA 667-58-0708 LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX VULLANKI SPOUSE'S FIRST NAME SPOUSE'S SOCIAL SECURITY NUMBER DEPARTMENT USE ONLY LAST NAME SUFFIX ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) **CHECK IF ADDRESS HAS CHANGED** 2.4400 HORIZON HILL BLVD **APT NO 3214 ZIP CODE** CITY (Please insert a space if the city has multiple names) STATE TX78229 3. SAN ANTONIO (COUNTRY IF FOREIGN) 4. Enter your Residency Status with the appropriate number **TO** 07/31/2022 1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT 01/01/20223. NONRESIDENT Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer. 5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse).....

6c. 1

6b. Spouse



YOUR SOCIAL SECURITY NUMBER 667-58-0708

2022

Page 2

7b. Dependents (If you have more than 4	dependents, attach a list of additional dependents)	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
INCOME COMPUTATIONS If amount on line 8, 9, 10, 13 or 15 is nega	ative, use the minus sign (-). Example -3456.	
(Do not use FEDERAL TAXABLE INCOM	ederal Form 1040)	$75829 \\$ gross income is less than your
9. Adjustments from Form 500 Schedule 1	(See IT-511 Tax Booklet)9.	
10. Georgia adjusted gross income (Net total	al of Line 8 and Line 9)10.	
11. Standard Deduction (Do not use FEDER. (See IT-511 Tax Booklet)	AL STANDARD DEDUCTION) 11a.	
b. Self: 65 or over? Blind? Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a +	Total x 1,300=	
Use EITHER Line 11c OR Line 12c (Do	not write on both lines)	
12. Total Itemized Deductions used in computi	ing Federal Taxable Income. If you use itemized deduction	ns, you must include Federal Schedule A.
a. Federal Itemized Deductions (Schedu	ule A- Form 1040) 12a.	
b. Less adjustments: (See IT-511 Tax Be	ooklet) 12b.	
c. Georgia Total Itemized Deductions	12c.	
13 Subtract either Line 11c or Line 12c from	n Line 10: enter halance	



YOUR SOCIAL SECURITY NUMBER 667-58-0708

2022

Page 3

14a.	Enter the numl or multiply by \$		ine 6c. M ling status B or 0		y \$2,700 for filir	ng status A oi	rD 14a.				
14b.	Enter the numb	per from Li	ne 7a. M	ultiply b	y \$3,000		14b.				
14c.	Add Lines 14a	. and 14b.	Enter total				14c.				
	Income before Georgia NOL u applying the 8	utilized (Ca	`	ine 15a	a or the amou	int after					48381
15c.	Georgia Taxab	le Income	(Line 15a less	Line 1	5b)		15c.				48381
16.	Tax (Use Tax	Rate Sche	edule in the IT-	511 Ta	x Booklet)		16.				2609
17.	Low Income (Credit	17a.	17b.			17c.				
18.	Other State(s)	Tax Cred	it (Include a co	py of th	ne other state	(s) return)	18.				
19.	Credits used fr	rom IND-C	R Summary W	/orkshe	et		19.				
20.	Total Credits electronically		n Schedule 2	Georgi	a Tax Credit	s (must be	filed 20.				
21.	Total Credits Us	•	Lines 17-20) can	not exc	eed Line 16		21.				0
22.	Balance (Line	16 less Lii	ne 21) if zero o	r less th	nan zero, ente	er zero	22.				2609
GΑ		. For other	income stater			•	ras withheld. Ente income reported f				G2-As on Line 4 Form G2-LP Line
	(INCOME STATE	MENT A)			(INCOME STA	ATEMENT B)			(INCOME STAT	EMENT C)	
1.	WITHHOLDING 1	ГҮРЕ:		1.	WITHHOLDIN	G TYPE:		1.	WITHHOLDING	TYPE:	
	× w-2	G2-A	G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP
2.	1099 EMPLOYER/PAY	G2-FL	G2-RP	2.	1099 EMPLOYER/P	G2-FL	G2-RP	2	1099 EMPLOYER/PA	G2-FL	G2-RP
۷.	ID NUMBER (FEI			۷.	ID NUMBER (I		SSN	2.	ID NUMBER (FE		
	8340176	74									
3.	EMPLOYER/PAY		WITHHOLDING I	D 3.	EMPLOYER/P	AYER STATE	WITHHOLDING ID	3.	EMPLOYER/PA	YER STATE I	WITHHOLDING ID
4.	GA WAGES / INC	соме 54167		4.	GA WAGES /	INCOME		4.	GA WAGES / IN	COME	
5.	GA TAX WITHHE	2833		5.	GA TAX WITH	HELD		5.	GA TAX WITHH	ELD	

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

This Page (3) is required for processing

REV 01/03/23 PRO

22

1555 115 2022 GA 004 T1



2300411544

YOUR SOCIAL SECURITY NUMBER 667-58-0708

Page 4

	(INCOME STATEMENT	ΓD)		(INCOME STAT	EMENT E)			(INCOME STATE	MENT F)	
1.	WITHHOLDING TYPE:	1	1.	WITHHOLDING	TYPE:		1.	WITHHOLDING T	YPE:	
	W-2 G2-	A G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP
	1099 G2-	FL G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP
2.	EMPLOYER/PAYER FI	EDERAL	2.	EMPLOYER/PA	YER FEDERA	L	2.	EMPLOYER/PAY	ER FEDERAL	
	ID NUMBER (FEIN)	SSN		ID NUMBER (FE	IN) SSI	1		ID NUMBER (FEI	N) SSN	
3.	EMPLOYER/PAYER S	TATE WITHHOLDING ID	3.	EMPLOYER/PA	YER STATE V	VITHHOLDING ID	3.	EMPLOYER/PA	YER STATE W	ITHHOLDING ID
4.	GA WAGES / INCOME		4.	GA WAGES / IN	ICOME		4.	GA WAGES / IN	COME	
5	GA TAX WITHHELD		5.	GA TAX WITHH	IEI D		5.	GA TAX WITHHI	ELD	
Э.	GA TAX WITHHELD		٥.	GA TAX WITHI	IELD		٥.	GA TAX WITHIN	ELD	
23.	Georgia Income Ta	ax Withheld on Wage	es an	d 1099s		23.				2833
		d Only and include W-2				_0.				2000
24.	Other Georgia Inc	ome Tax Withheld				24.				
	(Must include G2-A	, G2-FL, G2-LP and/or	G2-R	P)						
25.	Estimated Tax paid	d for 2022 and Form	IT-56	0		25.				
	·									
26.	Schedule 2B Refun	ndable Tax Credits				26.				
	(Cannot be claime	d unless filed electror	nically	/)						
27.	Total prepayment c	redits (Add Lines 23,	24, 2	5 and 26)		27.				2833
28.		Line 27, subtract Lin								
	balance due					·· 28.				
29.		Line 22, subtract Line								0.0.4
	overpayment					29.				224
						00				0
30.	Amount to be cre	dited to 2023 ESTIM	AIEL) IAX		. 30.				0
24	Coorgio Wildlife C	onservation Fund (No	aift.	of loca than ¢1	00)	31.				
31.	Georgia vviidille C	onservation Fund (NC	giit	oi iess tiiaii ą i	.00)	. 01.				
32.	Georgia Fund for (Children and Elderly	(No a	ift of lose than	\$1.00\	32.				
32.	Georgia i unu ioi v	Cilidren and Elderly	(IVO 9	iit Oi less tilali	Ψ1.00/	, 0=:				
33.	Georgia Cancer R	esearch Fund (No gi	ft of l	ess than \$1 00)	33.				
55.	Goorgia Garioor IV	iooodioii i dha (ito gh	. 01 1	υσο τιιαιι ψ1.00	,					
34.	Georgia Land Con	servation Program (N	o gif	t of less than \$	1.00)	. 34.				
•	9	0 (Ū		,					
35.	Georgia National G	Guard Foundation (No	gift	of less than \$1	.00)	. 35.				
	-	•	-		-					
36.	Dog & Cat Steriliza	ation Fund (No gift of	less	than \$1.00)		36.				
37.	Saving the Cure F	und (No gift of less t	han \$	31.00)		37.				
				(55.01						
38.		al Achievement Can Ha	ppen	(REACH) Progra	am	38.				
	(No gift of less tha	aıı ֆ ۱.∪∪) ——•-•	.	. (4) !-						



YOUR SOCIAL SECURITY NUMBER 667-58-0708

2022

Page 5

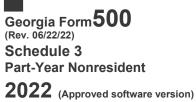
Preparer's Firm Name

GLOBAL TAXES LLC

39. Public Safety Memorial Grant (No gift of less than \$1.00)	
40. Form 500 UET (Estimated tax penalty) 500 UET exception a	ttached 40.
41. Penalty: Late Payment and/or Late Filing	41.
42. Interest	42.
43. (If you owe) Add Lines 28, 31 thru 42	ENUE,
44. (If you are due a refund) Subtract the sum of Lines 30 thru 42 from	
THIS IS YOUR REFUND	
Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PRO PO BOX 740380 ATLANTA, GA 30374-0380	DCESSING CENTER,
If you do not enter Direct Deposit information or if you are a	a first time filer you will be issued a paper check.
44a. Direct Deposit (U.S. Accounts Only) Type: Checking X Savings	
Routing Number 063100277	Account Number 898077476086
Mail pages 1-5 and any applicable schedules, fo I/We declare under the penalties of perjury that I/we have examined this return (includ	
Mail pages 1-5 and any applicable schedules, fo I/We declare under the penalties of perjury that I/we have examined this return (includ and belief, it is true, correct, and complete. If prepared by a person other than the tax	ing accompanying schedules and statements) and to the best of my/our knowledge
Mail pages 1-5 and any applicable schedules, fo I/We declare under the penalties of perjury that I/we have examined this return (includ and belief, it is true, correct, and complete. If prepared by a person other than the tax Taxpayer's Signature (Check box if deceased)	ing accompanying schedules and statements) and to the best of my/our knowledge payer(s), this declaration is based on all information of which the preparer has knowledge
Mail pages 1-5 and any applicable schedules, fo I/We declare under the penalties of perjury that I/we have examined this return (includ and belief, it is true, correct, and complete. If prepared by a person other than the tax Taxpayer's Signature (Check box if deceased)	ing accompanying schedules and statements) and to the best of my/our knowledge payer(s), this declaration is based on all information of which the preparer has knowledge Spouse's Signature (Check box if deceased) Spouse's Date of Death umber Spouse's Signature Date
Mail pages 1-5 and any applicable schedules, for I/We declare under the penalties of perjury that I/we have examined this return (includ and belief, it is true, correct, and complete. If prepared by a person other than the tax Taxpayer's Signature (Check box if deceased) Taxpayer's Date of Death Taxpayer's Signature Date Taxpayer's Phone N 727-459-648	ing accompanying schedules and statements) and to the best of my/our knowledge payer(s), this declaration is based on all information of which the preparer has knowledge Spouse's Signature (Check box if deceased) Spouse's Date of Death umber Spouse's Signature Date
Mail pages 1-5 and any applicable schedules, for I/We declare under the penalties of perjury that I/we have examined this return (includ and belief, it is true, correct, and complete. If prepared by a person other than the tax Taxpayer's Signature (Check box if deceased) Taxpayer's Date of Death Taxpayer's Signature Date Taxpayer's Phone N 727-459-648 By providing my e-mail address I am authorizing the Georgia Department of Reverse	ing accompanying schedules and statements) and to the best of my/our knowledge payer(s), this declaration is based on all information of which the preparer has knowledge Spouse's Signature (Check box if deceased) Spouse's Date of Death umber Spouse's Signature Date O
Mail pages 1-5 and any applicable schedules, for I/We declare under the penalties of perjury that I/we have examined this return (includ and belief, it is true, correct, and complete. If prepared by a person other than the tax Taxpayer's Signature (Check box if deceased) Taxpayer's Date of Death Taxpayer's Signature Date Taxpayer's Phone N 727-459-648 By providing my e-mail address I am authorizing the Georgia Department of Reverge account(s).	ing accompanying schedules and statements) and to the best of my/our knowledge payer(s), this declaration is based on all information of which the preparer has knowledge Spouse's Signature (Check box if deceased) Spouse's Date of Death umber Spouse's Signature Date O
Mail pages 1-5 and any applicable schedules, for I/We declare under the penalties of perjury that I/we have examined this return (includ and belief, it is true, correct, and complete. If prepared by a person other than the tax Taxpayer's Signature (Check box if deceased) Taxpayer's Date of Death Taxpayer's Signature Date Taxpayer's Phone N 727-459-648 By providing my e-mail address I am authorizing the Georgia Department of Reverny account(s). Taxpayer's E-mail Address	ing accompanying schedules and statements) and to the best of my/our knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s).
Mail pages 1-5 and any applicable schedules, for I/We declare under the penalties of perjury that I/we have examined this return (includ and belief, it is true, correct, and complete. If prepared by a person other than the tax Taxpayer's Signature (Check box if deceased) Taxpayer's Date of Death Taxpayer's Signature Date Taxpayer's Phone N 727-459-648 By providing my e-mail address I am authorizing the Georgia Department of Revery account(s). Taxpayer's E-mail Address	ing accompanying schedules and statements) and to the best of my/our knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s), this declaration is based on all information of which the preparer has knowledge payer(s). Spouse's Signature Date Spouse's Signature Date I authorize DOR to discuss this return with the named preparer. Preparer's Phone Number

REV 01/03/23 PRO

Preparer's SSN/PTIN/SIDN P02082703





Schedule 3 Page 1

YOUR SOCIAL SECURITY NUMBER 667-58-0708

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

	income earned in another state as a Georgia resi	dent is taxable but other state(s) tax credit may a	pply. See IT-511 Tax Booklet.	
	FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOM (COLUMN C)	E
1.	WAGES, SALARIES, TIPS, etc 85291	1. WAGES, SALARIES, TIPS, etc 31124	1. WAGES, SALARIES, TIPS, etc	54167
2.	INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	
3.	BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOS	S)
4.	OTHER INCOME OR (LOSS) -9462	4. OTHER INCOME OR (LOSS) -9462	4. OTHER INCOME OR (LOSS)	0
5.	TOTAL INCOME: TOTAL LINES 1 THRU 4 75829	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 21662	5. TOTAL INCOME: TOTAL LIN	1 ES 1 THRU 4 54167
6.	TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM	M FORM 1040
7.	TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM SCHEDULE 1	/I FORM 500,
8.	ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME LINE 5 PLUS OR MINUS LINI	
	75829	21662		54167
9.	-,	8, Column A enter percentage or percentage	9. 71.43	% Not to exceed 100%
10	a. Itemized or Standard Deduction X o	or Georgia Itemized (See IT-511 Tax Booklet)	10a.	5400
10	Ob. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or	r over? Blind? Total X 1,300=	10b.	
11	. Personal Exemptions from Form 500 or Fo	rm 500X (See IT-511 Tax Booklet)		
11	a. Enter the number on Line 6c from Form 500 filing status A or D or multiply by \$3,700 for fil		11a.	2700
11	b. Enter the number on Line 7a from Form 500	or Form 500X multiply by \$3,000	11b.	
12	2. Total Deductions and Exemptions: Add L	ines 10a, 10b, 11a, and 11b	12.	8100
	3. *Multiply Line 12 by Ratio on Line 9 and er 4. Income before GA NOL: Subtract Line 13		13.	5786
14	Enter here and on Line 15a, Page 3 of Fo	,	14.	48381